

THE

MEDICAL AND SURGICAL REPORTER.

No. 647.]

PHILADELPHIA, JULY 24, 1869.

[Vol. XXI.—No. 4.]

ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA—OPERATION BY NATHAN BOZEMAN, M. D.

REPORTED BY M. J. MOSES, M. D.,
of New York.

I was present by invitation of Dr. NATHAN BOZEMAN, at an operation performed by him for the cure of vesico-vaginal fistula. The operation was done at the private institution of Dr. Bozeman, and was witnessed by Profs. Hamilton and McLean, and Drs. Sabine, Finnell, and several other medical gentlemen.

I am desirous of using your columns for the purpose of reporting this case, as typical, and one wherein the peculiar adaptability of Dr. B.'s appliances may be clearly shown. Dr. B.'s speculum, which I saw for the first time on the day of the operation, is constructed on purely mechanical principles, and is perfectly in harmony with the anatomy of the vagina and bony pelvis. The alae of the instrument, by a simple mechanical principle, adjust themselves to the flare of the rami ischiæ. The relative adjustment is never lost, however much the blades of the instrument may be extended, the screw being so arranged that the vulva is put to distension exactly in proportion to the superior portion of the vagina. The instrument before introduction is a bivalve, and this fact renders its introduction perfectly simple, as it occupies scarcely more room than an ordinary anal speculum. The posterior depending vaginal wall and the perineum are supported by a third blade, which easily adjusts itself, as soon as the operator introduces it into its place. Even without this blade the speculum is per-se self-retaining, but with the blade in position the pressure exercised upon it by the posterior vaginal wall and the perineum fixes it perfectly.

The subject of this report was a Mrs. F—y, from Tompkins county, N. Y., and was admitted to Dr. Bozeman's private institution on the 13th day of April, 1869. Her case then presented the following history: She was 35 years of age, had had eight labors, seven of them very easy, but the eighth and last, occurring about eighteen months prior to her reception at the infirmary, had lasted three days, and was finally terminated by craniotomy. From this time she had lost all control over her urine. Examination revealed a fistule, occupying the whole bas-fond and trigone, and involving the cervix uteri, by a split running antero-posteriorly through the anterior and posterior lips, extending into the posterior cul-de-sac, and giving the cervix the appearance of being quartered.

The fistule would admit readily the passage of three fingers into the bladder, and had its left border contracted and tucking the upper margin under the lower, making it impossible to get a good view of the upper edge of the opening. This was remedied by a preliminary operation, which consisted of a division of the contracted border and the employment of tents, which resulted in bringing both borders on a plane, and entirely remedying the complication.

May 26, 1869.—In the presence of the gentlemen above named, the patient was placed in the right angle position, and firmly secured and supported by Dr. Bozeman's apparatus, and the speculum introduced. The vagina was an unusually capacious one, and clearly demonstrated the value of the speculum. The opening presented the appearance as above described, complicated by the prolapse of the superior fundus of the bladder, which puffed through the fistule. The patient was now put under the influence of ether, and the operation began. The process of paring was very

much retarded by the presence of the superior fundus of the bladder, necessitating the introduction of large pieces of sponge into the cavity of the viscus, intended to overcome this condition, by giving support to the upper portion of the bladder. The split portion of the anterior lip was included in this process of vivification, and at this stage of the operation a good sized vessel was wounded, whereby the manipulation was rendered difficult, the parts bleeding profusely. The application of ice and the pressure produced by sponges failed to arrest the hemorrhage, and it became necessary to use a more powerful styptic, in the form of ferri sub. sulph., applied by means of a sharpened stick, directly to the mouth of the bleeding vessel. This arrested the bleeding immediately, and the operation from this point proceeded as usual. The vivification of the edges being completed, Dr. B. proposed the employment of seven sutures, which were introduced, and Dr. Bozeman's button suture apparatus prepared. On drawing the edges together, their approximation directly transverse in the vagina measured two inches, and the button, which was $2\frac{1}{4}$ inches in diameter, presented a convexity below, and concavity above, being shaped like an arc of a circle. Before closing and securing the fistule a male flexible catheter was passed into the bladder and the parts thoroughly cleansed. The sutures were then secured and the patient placed in her bed, being allowed to pass from under the influence of the anæsthetic as soon as the last suture was secured.

Through the kindness of Dr. Bozeman I was permitted to follow up the subsequent treatment of this case, the history of which I hereto append in the form of a journal:

May 26.—On being placed in bed opium was administered in free doses, to control the bowels.

27th, 28th, 29th, 30th and 31st.—Tenderness over the region of the bladder, with some tympanitis. Continued opium.

June 1st and 2d.—The urine contains deposits of mucus. Pain and tympanitis subsiding. Continued opium.

June 3.—Removed button and sutures. The fistules closed from angle to angle completely. The urine to-day containing muco-purulent matter, tinged with blood. Bladder injected freely with warm water, twice daily, and diluent drinks ordered.

June 3d to 6th. Condition same. No escape of urine per vaginam.

June 7.—Removed catheter. Union still perfect.

June 7th to 12th.—Everything continued as represented at last report. Urine still showing deposits of muco-pus, and treatment of diuretics and warm water injections being kept up.

June 12.—Urine escapes from a point opposite to where the styptic had been applied during the operation of May 26th. Dr. B. attributes this leak and the whole train of cystic symptoms to the use of this styptic. He believes the slough resulting from the application of the iron acting as a foreign body was contained within the approximated edges. This had lit up the fires of inflammation, and though the wound had healed on the vaginal surface, yet it had, possibly by formation of an abscess, opened a way to the bladder.

June 17.—Urine still escaping freely through the opening, which is very small. The cystic symptoms have entirely subsided since the opening appeared. Applied argent. nit. to the opening.

June 17 to termination.—From this time, the catheter being introduced to prevent distension of the bladder, and by the cautious application of argent. nit. to the opening, the little leak gradually healed, and by the 20th all escape of urine per vaginam had ceased, and only one abnormal condition remained. This was the inability to evacuate the bladder. This was justly attributed to temporary paralysis of the muscular coat of the bladder, resulting from the reflection of inflammation from its mucus lining. Mrs. F. was placed on the tr. of nux vomica, in 10 drop doses, increased to 20, which had the happy effect of remedying her trouble. From this time nothing occurred, and the case was discharged cured on Tuesday, June 29th, just one month and three days from the date of operation.

The progress of this case evidences the fact that failure oftentimes results from the most trivial accidents, and that for the thorough cure of a case of visico-vaginal fistula, the operator should not pass over the most paltry of these accidents, as unworthy of great care and attention.

Imperfectly performed operations have had more to do with bad results in visico-vaginal fistula than any other cause. This has sometimes been unavoidable from disadvantageous surroundings, but now this cannot be offered in extenuo, for I believe the numerous improvements in the surgery of the vagina, places

failure just within the limits of possibility. I have never before witnessed the operation of Dr. Bozeman, nor the application of his button suture, but having seen it must admit my thorough conviction of its efficacy. Dr. B.'s confining and supporting apparatus, his speculum, and button suture, fulfill every mechanical need, and reduces the operation to such simplicity that it can be undertaken without assistance.

The above case recorded is one of a class which often fails at the first operation by other methods. I refer to very large fistules. The button suture apparatus, acting as a *splint*, operates in these as well as in the smallest sized openings.

Dr. B. informs me that his statistics will show a ratio of from 92 to 94 per cent. cured; this to include in the calculation the unfortunate cases wherein surgical interference is useless.

CASE OF BOTH ARMS TORN OFF BY MACHINERY.

By W. J. CRAIGEN, M. D.,

of Emporium, Pa.

About one o'clock, P. M., June 21st, Aaron C—, aged 7 years, passing out of a shower of rain, entered a steam mill, sawing lumber. He proceeded to an iron shaft, two inches in diameter, two feet above the floor, which was making two hundred and fifty revolutions per minute. Laying his arms over the shaft as if to swing upon it, his wet sleeve adhered to the iron. He was instantly drawn to the shaft, and hurled around by it with fearful rapidity. After a dozen or more revolutions, his feet striking the floor each time, both arms were torn off near the body, and he was thrown, perfectly nude, sixteen feet, against the edge of stairs, striking and gashing his head.

The arms and clothing remained wound around the shaft, and were removed with difficulty. The bones of the forearms were broken in numerous places, and were curved around the shaft.

Both humeri were splintered and broken off two inches below the head. The muscles and integument of the right arm were torn off in a circular form, one inch above the point of fracture. The muscles of the right arm presented a much greater laceration and unevenness in the solution of their continuity. The skin separated with a clean edge, crescentic

in form, high up on the top of the shoulder, and over the dorsum of the scapulae, around into the axillas; leaving what remained of the deltoid muscle exposed.

Both biceps were severed quite evenly at their thickest part, and lay down on the side of the thorax.

When seen, about 5 P. M., he had reacted from the shock, talked and answered readily; did not complain of pain, but said his arms burned while removing the sheet in which he was wrapped; was disposed to sleep when not conversing; not much hemorrhage; drank a great deal of water.

The accident occurred four miles away in the mountains, and as assistance was required, the operation was postponed until eight o'clock.

The left fragment was disarticulated. Scarcely sufficient tissue remained to cover the glenoid cavity. The skin was readily drawn together by sutures. The right stump had sufficient covering to make external and internal flap, without disturbing the articulation. Much trouble and delay occurred in finding and ligating the axillary arteries, which separated above the mass of torn and lacerated tissues.

While under the influence of the anæsthetic (equal parts of chloroform and ether), there was extreme pallor of the face, though the breathing was regular.

He reacted after the operation for a few minutes, called his mother, etc.; but soon began to sink, and in half an hour was dead. Whiskey was administered, and hot applications made to the extremities as soon as the operation was finished.

Keeping Volatile Liquids.

Chemists and others know well the difficulty of keeping very volatile liquids. Bottles of ether, for example, are shipped for India, and when they arrive are found to be more than half empty. The chemist sometimes puts a bottle of benzole or bisulphide of carbon on his shelves, and when he next requires it he finds the bottle empty and dry. The remedy with exporters is a luting of melted sulphur, which is difficult to apply and hard to remove. A new cement, therefore, which is easily prepared and applied, and which is said to prevent the escape of the most volatile liquids, will be useful information to many. It is composed simply of very finely ground litharge and concentrated glycerin, and is merely painted around the cork or stopper. It quickly dries, and becomes extremely hard, but can be easily scraped off with a knife when it is necessary to open the bottle.

Medical Societies.

FRANKLIN CO. (PA.) MEDICAL SOCIETY.

A stated meeting of the Franklin County Medical Society was held at Chambersburg on the 6th inst. The attendance was small; but the proceedings were harmonious and interesting.

The deaths of Dr. E. D. Rankin, of Greencastle, and of Dr. J. S. King, of Mercersburg, having been announced, the accompanying resolutions were reported and adopted:

WHEREAS, The ranks of our infant society have already been thinned by the fell destroyer, Death:

Resolved, That, while we bow in humble submission to the will of the Great Ruler of events, we deeply deplore the demise of Dr. E. D. Rankin, of Greencastle, and Dr. J. S. King, of Mercersburg, recognizing in them fully qualified and honorable members of our profession, and men who have endeared themselves to the communities

in which they respectively resided by their many acts of disinterested charity.

Resolved, That we tender our condolence to the bereaved and greatly afflicted friends, and that a copy of these resolutions, after having been entered upon our minutes, be sent to the families of the deceased.

The Society, without a dissenting voice, passed the following resolution:

Resolved, That this Society approves the action of Dr. I. N. Snively, one of its members, in calling the attention of the Commonwealth to an alleged case of criminal abortion occurring within the sphere of his practice; that by so doing he complied with the demands of the profession and of public morality; and that it is the duty of every member of this Society to exert himself in bringing such heinous crimes to the bar of justice.

Dr. Samuel G. Lane was requested to prepare an essay to be read at the next stated meeting.

Adjourned to meet in Chambersburg, on first Tuesday in January next, when an election for officers will be held.

EDITORIAL DEPARTMENT.

Periscope.

Tincture of Cantharides in Pyelitis.

DR. EDWARD MACKAY, Joint Professor of Materia Medica, in Queen's College, Birmingham, has the following article in the *Brit. Med. Jour.*:

To Dr. Greenfield belongs the credit of having first drawn attention to the above subject; and his *Treatise on the Safe Internal Use of Cantharides*, published in London in 1706, contains some valuable observations, now not generally known. In our recent literature, good accounts of the disease may be found in Prout (*Diseases of the Stomach and Urinary Organs*, 3rd edit., p. 347) and in Roberts (*Renal Diseases*, p. 383); but neither there nor in any of a large number of authorities whom I have consulted do I find any notice of this remedy for it, except in Stille (*Materia Medica*, 3rd edit., vol. i, p. 381.)

The two following cases occurred to me some years ago, but I delayed their publication, in the hope of being able to support them by additional facts; but the disease is comparatively rare, and I relate them now, in the hope that a more extended trial may be given to the remedy, when the attention of the general body of the profession is redirected to it.

CASE 1. Agnes H., aged 34; married early; no children; by profession a musician. About the age of ten occurred the earliest symptoms she can remember, viz., smarting pain in the urethra, with frequent calls to pass urine, and violent pain in the right loin, darting downwards. After some days of

suffering, she recovered for the time, but felt the same occasionally, though to no great extent, till the year 1862, when, being engaged to sing at Bristol, she caught cold. Then she had most severe smarting at the fourchette; pain up the urethra, made intense by the passage of urine, which became full of pus; and pain in the right loin. (Mr. Lang attended her; and, in addition to other treatment, removed from the meatus what seems to have been a vascular tumour, which had been cauterised once before.)

In the Bristol Hospital, under Dr. Fripp, she remained for four months, and by the end of that time was free from pain; the urine was clear, but she could not retain it longer than an hour.

At the end of the year 1862, she was in Leeds, when the above symptoms returned; and, in the course of the attack, she passed much dark blood per urethram for about a week. Later on, she was admitted into the Infirmary, when Mr. Teale sounded her for stone, without finding any; and she passed under the care of Dr. Hardwick, then of Mr. Wheelhouse. In addition to the other symptoms, paraplegia came on, and continued for two or three months. The part of her treatment that is most impressed on her memory is the application of three leeches to the fundament every other day for some time. It was nearly twelve months before she was able to return to her home in Birmingham (1864.) Afterwards, she continued to suffer more or less, and came under the care of a large number of practitioners in this town.

In July 1865, I first saw her as a dispensary patient. Her symptoms had been much aggravated

during the last few weeks; and she lay in bed with the knees drawn up. She had rigors at times, and thirst; there was much mental depression. She had constipation, but was able to take a fair amount of food, and there was not much emaciation. The menses were regular, always inducing aggravation of the nephritic symptoms. Her greatest torment was a constant call to micturition, occurring literally every ten or fifteen minutes, day and night. She had pain down the right leg, and often felt a darting pain along the course of the right ureter; then a sudden flow; then a severe smarting, "as of an ulcer at the neck of the bladder;" then relief. Once or twice every day, she had paroxysms of violent pain, referred to the right kidney and "passages." A specimen of urine, taken from twenty-four hours' quantity of about two pints, was pale, slightly acid, of specific gravity 1015, with a precipitate of pure pus to the extent of two to four ounces. *On some days, there were passed numbers of soft whitish rolls, narrow, about a quarter of an inch long.* She described them as "skins;" and, under the microscope, they were found to consist of tessellated or polygonal epithelium. There would be, at times, much fulness of the renal region when these did not pass; and relief and subsidence of the fulness would follow the excretion of a large quantity. As to her treatment, she had already taken a great number of remedies without much relief. I saw prescriptions of iodide of potassium, copaiba, alkaline diuretics, and anodynes in every shape. She found temporary ease from drinking infusion of althæa with acacia, and from hot baths and poultices; but, after inquiring into the effect of all the medicines she could remember, I found that she attributed good effects to a mixture containing one drop of tincture of cantharides, to be taken three times in the day. It had been prescribed for her by my predecessor and friend, Mr. G. Elkington, at the suggestion of our mutual friend, Dr. Dyce Brown; but circumstances had not permitted her to continue its use for more than six weeks. I began it immediately in sugared water; but her pains were so intense, that I gave her also chlorodyne once or twice a day (this she had had for many months before.) She took a colocynt and henbane pill once or twice in the week, and continued the althæa and poultices, but had nothing else as remedy. Soon I increased the dose to two drops of the tincture, and so gradually to fifteen, which she took thrice daily, well diluted. At the end of a fortnight, she was decidedly easier, and lay often as much as twenty minutes without a call to micturate. This frequency was the first symptom to be relieved; the discharge of pus continued, and the pain was bad. In September, the bladder was sounded, without detecting any stone.

We persevered with the use of tincture of cantharides, in doses varying from two to twenty-five minims, with occasional intermissions. After a

time I found that it agreed best when administered with small doses of magnesia—the sulphate and carbonate. She was able to omit her stronger purgative; and, at the end of a few months, two and a half grains of soap and opium pill, once a day, replaced her chlorodyne.

In the course of two months, she was able to go down stairs; but the *urgency of her symptoms returned whenever the remedy was omitted for a few days.* She herself had great confidence in its power to relieve her, and saw the necessity for perseverance in its use, which she continued for upwards of two years, under my direction. Before the end of that time, however, she was able, when wearing an urinal, to do her work, and to make journeys almost as long as before her illness. The dose which she took at this time was often as much as forty drops three times in the day; and this without any ill effects whatever.

In September, 1867, the urine was straw-coloured, generally clear, though showing a deposit after extra exertion. She could retain it for two hours, and omit her remedy occasionally without any relapse. No "skins" had been passed for a long time. She seemed, in fact, fairly well, and took an engagement to sing at Leicester; this she accomplished successfully, and then started on her usual professional tour. For ten months she was actively engaged, and only required her medicine (the prescription for which she always carried with her, as a treasure,) for a week or so, during a slight relapse which occurred at Sheffield. In March, 1868, she carried through a harassing lawsuit in Manchester, and seemed none the worse for it. In July, 1868, she was returning to Birmingham, when the train left the metals, and she was thrown violently backwards and forwards in a second-class carriage, striking especially her back. She felt the concussion much. Vomiting came on soon afterwards; and, next day, blood passed with the urine in red streaks and in small dark clots, and the urine was blood-red. She suffered also from general symptoms of illness. Her new medical attendants prescribed at first, at her request, her old remedy, but without relief, though its use was continued for six weeks. The passing of blood ceased at the end of the first week; but the urine continued to be scanty and offensive, and with much stringy deposit, differing thus from its condition when cantharides was useful to her. In September it showed crystals of triple phosphate; and her medicine was altered for the tincture of perchloride of iron with dilute hydrochloric acid, ten minims of each, but without benefit. She took also an effervescent alkaline mixture to allay the constant nausea. In November, she was seen by Mr. S—, her present medical attendant from the dispensary; and he informs me that she was then unable to sit up even for a few minutes, but that marked alleviation of the pain followed the use of mild diuretics. She was able to move about again

in the course of two or three weeks, and has gradually improved up to a certain point. She took at first the dilute acids with juniper; then the acetate of potash with juniper, in decoction of pareira; and continued also her effervescent saline, and opiate and aperient pills. In February, she began the bitartrate of potash with scoparium. At present (April,) she is able to go out a little, and can retain urine for half an hour, sometimes for an hour. The amount passed is about two pints in the twenty-four hours; it is slightly acid, of specific gravity 1008, with much purulent ropy deposit, no blood. The old "obstructive" pain, followed by passage of "skins" has occurred four times since the accident. She now suffers more aching throbbing pain than she formerly had over the left kidney and in the left groin, and has also pain over the position of the right ureter and in the "passages." This unfortunate present condition does not invalidate the evidence of relief afforded previously, but only suggests that some alteration has taken place either in the position of the calculi or in the kind of irritation existing; and proves, what is perfectly rational, that cantharides, though good in some forms of the disease, is not in all. Good, perhaps, it may be, in chronic irritation—not good in acute.

CASE II. Jane E., aged 28, married, when a child had pains in the back and right side. She remembers that, at the age of sixteen, pus was noticed in her urine; and then she had frequent and painful micturition. During such attacks, she had vomiting, pain in the back, and general illness. In the intervals, she was able to continue her work as a servant. Later, menstruation came on, and occurred slightly every two or three months. At various times, she came under the care of many medical men, to some of whom the disease appeared to be "rheumatism," to others "unknown;" but both Dr. Wade and Mr. Schofield considered that it was "abscess of the kidney, probably from stone."

At the age of twenty-two, she married and had a miscarriage, then a premature confinement, then two living children. In January 1866, she had "inflammation of the bowels," and had been failing rapidly since. On September 5th, 1866, I saw her for the first time. She was much emaciated; her face was sallow, and bore an expression of constant agony. She had "nervous irritability," headache, vomiting, and cough, (no special lung-sounds), numbness of the right leg, and intense pain over the right kidney, worse at times, when the urine was almost suppressed. These paroxysms had come on lately, at intervals of only a fortnight. The urine was usually offensive, and contained much pus and some blood. I ordered her, at first, bismuth and magnesia, with a little morphia; quiet and nourishment, and baths. When the stomach symptoms were relieved, I added (September 15th) two minims of tincture of cantharides to the mixture. On Oc-

tober 6th, she was better, and increased her dose to three minims, congratulating herself that her bad attack had been deferred longer than usual. On October 8th, however, it began with intense prostration, pyrexia, and complete suppression of urine, with frightful pain. I stopped the above remedies, and gave opium with alkalies in effervescence, enemata, and poultices. On October 11th, she was exhausted, with sordes on the teeth, brown dry tongue, glazed eye, almost dying, when urine began to flow, and with it pus, and many curious lumps, *varying from the size of a pea to that of a hazelnut, rolled up, soft, whitish outside, brown within, much like toadstools.* Many of the lumps contained gritty matter and small dark irregular masses, probably carbonate and phosphate of lime. On October 25th, she was able safely to resume three minims of tincture of catharides thrice daily, in combination with quinine and a few minims of chlorodyne; and, under this treatment, she recovered more rapidly than usual. On November 10th, she had been up ever since, attending to her household work. She had continued her last medicine, and considered herself in better health than for many years. She had still frequency of micturition, pain over the kidney, and numbness of the legs, though in less degree.

She remained under my care for a month or two longer, without another bad attack. Then she was obliged to remove to some distance, and I did not see her alive again. I heard that she frequently expressed to her family her wish for more of the medicine last mentioned.

She died in April 1867, in one of her attacks; and Mr. Schofield who made an examination of the body, kindly invited me to be present. The ordinary results of former peritonitis were observable. The left kidney was atrophied, and was little else than a sac containing a pulsatious mass of pus and mineral matter. The right kidney was larger, and contained several calculi of phosphate and carbonate of lime, possibly of oxalate. The ureters were completely obstructed.

In estimating the value of cantharides in these two cases, I do not omit consideration of the possibly good effects of other medicines taken during part or all of the same period—magnesia in the first case, chlorodyne, (containing morphia, cannabis, and capsicum) in both; only, I would record that observation convinced me that tincture of cantharides was the principal, if not the only, agent which gave marked relief to the renal symptoms at certain periods of their progress.

Ligature of the Innominate Artery.

DR. ANDREW W. SMYTH, House Surgeon, Charity Hospital, New Orleans, gives the following account of an operation performed, in No. 66 of the *N. O. Jour. of Med.*:

The subject of the operation, William Banks, aged 32 years, was admitted into the Charity Hospital on the 9th of May, 1864, suffering from aneurism of the right subclavian artery.

The tumor, situated in the posterior inferior triangle of the neck, had reached the size of a small orange, and was four months in forming. The patient believed that the tumor originated from a strain which his arm received in the month of February, as shortly after that time it made its appearance.

On the 15th of May, assisted by Dr. D. L. Rogers, of New York, Drs. Holliday and Boyer of this city, and Surgeons Bacon and Orten, of the United States Army, I placed a ligature on the innominate artery, a quarter of an inch below its bifurcation, and another on the carotid, an inch above its origin. Immediately after the operation, the temperature of the arm became increased, and, except slight fever, no other disturbance was noticed.

In forty-eight hours a very slight pulsation was discovered in the arteries at the wrist.

On the 28th of May, the ligature came away from the carotid artery, and on the 29th, fourteen days from the time of operating, a severe hemorrhage occurred, causing syncope, and ceasing of its own accord; about sixteen ounces of blood was supposed to have been lost.

Slight hemorrhage took place on the two following days, and, on the 1st of June, I filled the wound with fine shot, thinking that the pressure of the shot on the artery would aid in effecting its occlusion, and at the same time arrest the hemorrhage.

On the same day, after the introduction of the shot, the ligature came away, by slight pulling, from the innominate artery.

On the 17th of June a portion of the shot were taken out, when hemorrhage returned a few hours after, and the shot were immediately replaced.

Slight bleeding, however, occurred at intervals of two and fifteen days, and on the night of July 5th, a terrific hemorrhage took place, exceeding in quantity the first on the 29th of May. The bleeding ceased, as in the first instance, from syncope.

Believing the hemorrhage to come from the distal side of the ligature, and from the subclavian artery, the carotid having been tied, I determined on July 8th to ligature the right vertebral artery, this being the principal branch carrying a retrograde current into the subclavian.

As the operation of ligating the vertebral artery is one of some difficulty, I will give the exact procedure from my original report.

The head of the patient being thrown back and slightly turned to the left, an incision, two inches in length, was made along the posterior border of the sterno-mastoid muscle, commencing at the point where the external jugular vein crosses this muscle, and terminating at a clavicle, the edge of the muscle being exposed and drawn to the inner side, the

prominent anterior tubercle of the transverse process of the sixth cervical vertebra was readily felt and taken for a guide. Immediately below this, and in a vertical line with it, lies the artery. A layer of fascia was now divided, some loose cellular tissue with lymphatics, and the ascending cervical artery, were pulled to the inner side, and a separation was made between the scalenus anticus and longus colli muscles just below their insertion in the tubercle, when the artery and vein became visible; the latter was drawn to the outer side (this is important), and the needle passed around the former from without inwards.

On the morning of July 9th, thirty-eight days after their insertion, all the shot were removed with a pair of dressing forceps from the first wound; the shot were found to weigh two and a half ounces.

A marked decrease in the circulation of the arm was now apparent, the slight pulsation at the wrist disappearing; coldness and œdema supervened, and the brachial artery became occluded, feeling corded throughout its whole extent. I felt somewhat alarmed for the safety of the limb, but in a few days these unfavorable symptoms began to subside.

No further hemorrhage took place after the second operation. The ligature came away on the tenth day, and the wounds soon healed. On the 15th of September, the patient felt entirely well, with the exception of weakness in his right arm, the use of which he was rapidly regaining. The aneurismal sac had almost disappeared.

At the present time, May 15th, 1869, five years from the date of the operation, the patient is enjoying the best of health, having gained nearly twenty pounds in weight during the last two years.* He has the full use of the right hand, although the arm is not quite so muscular as the left, and in every way the cure is complete and perfect.

At the time of writing the original report, September 15th, 1864, I was of opinion that secondary hemorrhage would be prevented in future operations by ligation of the vertebral artery at the same time as that of the innominate and carotid arteries. In this, however, I was, without doubt, mistaken.

In May, 1866, Dr. M. M. Dowler, of this city, in the first number of the *New Orleans Medical Record*, published a report on the present condition of William Banks. He had been seen by Dr. Dowler, a few days before coming to the hospital, and, knowing the result of the previous operations for the cure of subclavian aneurism, the Doctor became interested on learning that at last, and on a patient that he happened to know, the innominate artery had been successfully tied.

To this circumstance I am indebted for a highly complimentary letter from Dr. Dowler, which is published with the report, congratulating me on the

* On May 6th, 1869, the patient was exhibited before the American Medical Association, at its annual meeting in New Orleans.

success of the operation. In this letter the following observation is made: "The success of your operation was clearly owing to your happy resolution in relation to tying the vertebral artery. But it appears to me, in reflecting on your case, that there is, coupled with this, another element to be accredited to your success; and that is, *your having tied it at the time you did, rather than at the time of the first operation.*"

I am convinced now that the interval between the operations was an important element in the success, and I am free to acknowledge, that I was not the first to perceive it. I still think, however, that the interval between the operations need not be longer than the time required for the separation of the ligature from the innominate artery, say fifteen days, and, with care, compression would prevent a fatal hæmorrhage for at least this period.

I mentioned in my original report that the common carotid artery was found occluded after ligation of the innominate. This is reported in several of the fatal cases, and that I believed this occlusion resulted from the stronger retrograde current in the vertebral opposing that from the carotid, for these currents oppose each other in the subclavian when carrying on the retrograde circulation. If the anastomosis of the common carotid is not sufficient to carry a retrograde current into the subclavian after ligation of the innominate, it is highly probable that other communicating branches of the subclavian also fail to do so, and for the same reason.

It is a mistake to suppose that all the branches communicating with the distal end of a ligated artery enlarge and carry on a retrograde circulation. The retrograde currents through these branches, if we examine their direction carefully, will be found to oppose each other, and the stronger, from a more direct source, arrests the weaker current, and, not being sufficient to reverse it, occlusion of the branches carrying the weaker current, is the result. For this reason, during the fifty-four days that intervened between the two operations in the present case, the current from the vertebral artery must have occluded, probably, all the other communicating branches of the subclavian, and accounts for the fact that the brachial artery became occluded after the ligation of the vertebral. The axillary and subclavian are, no doubt, also occluded, and impervious, for no evidence of circulation through them is to be found on examination at the present time.

The longer, therefore, that the principal communicating branch with the distal end of a ligated artery is allowed to carry on a retrograde current, the more certain will all pressure of blood in the distal artery be removed by the ligation of that branch, and consequently the interval of time between the operation becomes of very great importance.

The ligation of the principal communicating branch with the distal end of a ligated artery, to ar-

rest secondary hæmorrhage from it, is an entirely new operation (the present instance of ligation of the vertebral being, no doubt, the first), and it is one of some value to general surgery.

Report on the treatment of Delirium Tremens.

The *British Medical Journal* of July 3d, gives the following interesting and important result of the treatment of delirium tremens, in the hospitals of Great Britain:

It is interesting to note in the following report which gives a fair idea of the state of opinion in the profession on the subject, the great change which has taken place within the last few years in the treatment of delirium tremens. Instead of the heroic doses of opium, which were almost as a matter of course given in cases of this disease, opium is now used only by some physicians, and by them in comparatively small doses; the excessive treatment by alcohol has given way to more moderate measures, and now it is given up altogether, or stimulants are administered in such small quantities, while judicious nursing, except on rare occasions, has taken the place of the strait jacket. It is satisfactory to find that all are agreed as to the great importance of abundant nourishment of the best kind, and perfect rest.

CHARING CROSS HOSPITAL.—Dr. SALTER's treatment is sedative, pushed to extremity, aided by stimulants, and, above all things, *feeding*. The results which he has obtained have been uniformly such as, in his opinion, leave nothing to be desired.

MIDDLESEX HOSPITAL.—Dr. GOODFELLOW is not inclined, during the early part of the disease, to interfere greatly. His treatment is mainly expectant and dietetic, abundance of nourishing food being allowed. Should the urgent symptoms, however, continue, subcutaneous injections of morphia, from a fourth a grain upwards, according to circumstances, are given; and stimulants, spirits, or beer, as the case may be. The following mixture Dr. GOODFELLOW has found frequently of great service.

R. Quinæ disulphatis,	gr. ij.
Chloroform,	ʒxx.
Tincture cardamomi comp.,	ʒj.

To be taken in water every four or six hours.

If there be much febrile disturbance, a grain of opium with a grain of colomet is prescribed.

Dr. MURCHISON advocates no special rule, his mode of treatments depends upon the individual character of the case. Generally speaking, however, he employs opium if there be no real affection, but if this be present he believes tincture of digitalis, in twenty or thirty minim doses, offer considerable advantages. He thinks stimulants in some cases useful, but he by no means employs them in all cases. Nourishing food and quiet are, however, invariably necessary.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. FARRE always takes care to get the bowels open at first. He then gives opium; or, if the pupils have any disposition to contract, opium and antimony several times a day. If sleep be not induced by this means he uses cold affusion to the head. Wine or beer is allowed, if the pulse be low, or the skin perspiring. He has given half-ounce doses of digitalis in several cases without injury, but without marked benefit.

ST. THOMAS'S HOSPITAL.—Dr. PEACOCK has been lately employing bromide of ammonium in delirium tremens with very good results.

WESTMINSTER HOSPITAL.—The plan of treatment which, as a rule, Dr. FINCHAM adopts, is as follows. He cuts off at once all alcoholic stimulants, and administers directly abundance of easily digested and nourishing food—*e. g.*, three pints of strong beef-tea, and one of arrow-root and milk, given in divided quantities every two hours, as in a case of fever. If, by giving one or two pints of porter in the day, he can get food taken more readily, Dr. FINCHAM allows that quantity. As soon as possible, he urges the patient to take solid food, in the shape of meat, given as regular meals, with porter; continuing, at the same time, beef-tea, etc., in less quantity. Dr. FINCHAM gives no opium. If, at the commencement of treatment, the patient seems much exhausted, he gives ammonia; but, as a rule, prefers to give, as medicine, hydrochloric acid in some bitter infusion, in order to increase the appetite and assist digestion. If the patient have been drinking hard up to the time of his coming under treatment, Dr. FINCHAM has found, on several occasions, great and rapid improvement take place after the action of a brisk purgative—*e. g.*, calomel and colocynth, or a drop or two of croton oil. This must, of course, be followed by the due administration of nutritious food, etc.—Dr. BASHAM thinks that the treatment of delirium tremens cannot be easily reduced to a plan, as each case must be regarded as a separate study. The effect of fermented stimulants on the nervous system, when acting as a poison, although manifesting for the most part a series of morbid phenomena common to all, nevertheless require a marked modification of treatment in different individuals. Thus total absence of sleep, hallucinations more or less of one type, an excitable restless manner, complete loss of appetite or power to take or digest solid food, and very depraved alvine excretions, are the common typical symptoms of that disorder of the nervous system known as delirium tremens. The great object of remedial treatment is to allay or calm the excitable but exhausted nervous force. Sleep and rest are the points aimed at. But sleep will not follow the use of any one known agent. There are peculiarities, whether of the nervous system itself in each individual, or of the relation of the nerve-force to the other functions of the organism, which must ever shut out the idea of one remedy or one plan of

treatment being entirely effective. It has ever appeared to Dr. BASHAM characteristic of a limited experience, to expect or to hold out the hope that any one special remedy will be universally applicable in this disease. Opium, digitalis, antimony, have their advocates; and, doubtless, occasional successful results follow their use in particular cases. Of these, opium perhaps has been most largely used—in many cases with great advantage. It often quickly procures sleep; and, with that result once obtained, the paroxysm may almost be pronounced to be at an end. But it is only in a certain class of cases that opium is thus immediately beneficial. Take a case of delirium tremens accompanied by a good deal of vascular meningeal excitement; hallucinations of the usual type; hideous images; mental aberration; irritable, excitable manner; nights without sleep; heat of scalp; suffused conjunctivæ, and pupils contracted; a sharp, quick, hard pulse. Give such a patient opium, and it will either poison him or bring on a deep comatose condition of great hazard; or, if the quantity given does not act thus, it adds to the excitement, and aggravates the system to a pitch little short of those of arachnitis. Now if, with proper discrimination, some ten, dozen, or eighteen leeches has been applied to the scalp, followed by a brisk calomel purge, and then a moderate dose of opium, a grain or twenty minims of Battly, probably a different and more favorable result will follow. The chief aim in the treatment of delirium tremens is to allay the present paroxysm and obtain sleep; and the best remedy to secure this can only be found by a careful estimate of the idiosyncrasies of the individual; and of the presence or absence of morbid complications in other organs or functions beyond those of the nervous system.

NETLEY HOSPITAL.—The system on which Dr. Maclean goes in the treatment of delirium tremens is, first to secure perfect quiet and seclusion for the patient, placing him under the care of careful and trustworthy attendants, who are instructed to use every means to calm and reassure the sufferer. The dangerous practice of forcing sleep by opiates he never under any circumstances follows; nor does he allow the blood of a patient already poisoned by allcohol to be still further charged by the use of stimulents. Instead of this, he insists on the administration of strong beef-tea at short intervals, to which Cayenne pepper has been freely added. Without the addition of pepper, the stomach will rarely retain the nourishment. Food is absolutely necessary. A man who has been drinking to such an extent as to bring on this formidable affection, has, nine times out of ten, been eating little or nothing. Dr. Maclean is a great advocate for a darkened room and careful nursing by judicious male attendants. Women cannot restrain patients who, in their terror at the imaginary objects of "horror" by which they are surrounded, are apt to be violent. He regards with

well founded disfavour the system of forcingsleep by large doses of morphia, and has seen more than one person die with all the symptoms of narcotic poisoning, who were thus treated.

Insensibility to Pain.

In some remarks on the case of James Parks, a recently deceased patient at the Taunton Lunatic Hospital, Dr. T. W. FISHER says in the Boston *Med. & Surg. Journal*: Probably no psychological fact is capable of such complete and startling illustration, as that of the endurance, or the loss of sense of pain, under certain mental conditions. From the time of Hipocrates, who first recorded insensibility to pain as a symptom of insanity, to the present, medical literature contains frequent examples of it. The attempt has even been made to show the existence of this symptom in the majority of cases of insanity. It is a fact that such insensibility occurs in some degree in most forms of insanity—and from various causes, which it is important to analyze.

For instance, there may be actual paralysis of sensation, a condition of true anæsthesia; or, on the contrary, sensation may be perfect, and the seeming insensibility be due to a careful repression of the signs of pain for a specific purpose, as in some cases of hysterical paralysis. Between these extremes come various degrees of indifference to pain, the result of mental pre-occupation in some morbid train of thought. There may also be the indifference of frenzy, the current of emotion admitting of no interruption, and the indifference of stupidity and dementia. The pain may be felt, but misinterpreted, by the diseased mind, and referred to some fanciful source, thereby being discredited.

In these and other ways, the exhibition of suffering among the insane is, to a large extent, prevented, and the utmost watchfulness is required on the part of medical attendants to discover the actual condition of parts and organs, of which, among the sane, the sense of pain is such a valuable index. Painful diseases, such as peritonitis and prostatic enlargement, may run their course with few of the rational signs. The pain from distention of the bladder often fails to give rise to any signs of suffering referable to that organ. Phthisis is quite uniformly a masked disease among the insane, being unaccompanied from the first to the last by pain, cough or sputa. The above remarks do not admit of a sweeping application, since many of the insane feel more acutely than others.

The most common cause of actual anæsthesia is general paralysis. In the early stages of this disease, before the loss of motion is very observable, it may be well marked. It renders the patient regardless of exposure to extreme cold, to burns, injuries and minor surgical operations. If under the influence of delusion at this time, self-mutilation may be deliberately inflicted. Pulling out of the intestines, gouging out

the eyes, and sawing off the penis with a board, are a few of the eccentricities in which such patients may indulge.

Anæsthesia may likewise exist in melancholia, being shown by indifference to cold, to the discomfort of lying naked on the floor, or of standing motionless from morning to night. Melancholiciacs often resort to painful methods of suicide. FORBES WINSLOW relates a case of experimental suicide, in which the patient tried various plans, up to the point of unconsciousness, with the humane intention of recommending the best to his fellow-sufferers! In dementia, the indifference to pain depends upon the extent of the mental obscuration. In mania, the condition bears less resemblance to anæsthesia; or if it is of this nature, the state is transitory and fluctuating, according to the rate of cerebral currents. Motory activity, however, is not always a safe index to the rate of psychological processes. The maniac may be outwardly calm, and perhaps coherent, at the moment when his mind is at its intensest point of activity. In this state there is no room for the consciousness of pain, and the patient may disregard the existence of severe injuries with a *sang froid* truly deceptive. I have seen such an one chew the burning ends of a card of matches with apparent relish.

This indifference to suffering is not, however, solely characteristic of insanity, since it is but an exaggeration of conditions not regarded as altogether abnormal. I need only mention the convulsionaries of St. Medard, victims of one of those moral epidemics in which religious ecstasy produces an abolition of pain, with a wonderful exaltation of the power of endurance. The book of Martyrs furnishes many examples of a similar kind. A like condition obtains among the heathen and savages who use self-torture as a propitiatory exercise. There is a state of anæsthesia resulting from extreme peril, in some instances, of which Dr. LIVINGSTONE's account of his sensations while in the jaws of a lion is an instance. But war furnishes, on a large scale, the best examples of endurance and disregard of suffering.

The emotions developed during a battle are various. In a few constitutionally timid natures, they are of the most distressing character. Fear is imprinted on every feature, and every limb is a tell-tale. The term *demoralized* is strictly and scientifically applicable to such cases. In one instance under my own observation, an attack of mania was induced. A soldier, under unexpected fire for the first time, suddenly clubbed his musket and struck out furiously among his comrades, yelling all the while as if in the midst of the enemy. On being led out of the fight, the delirium subsided, leaving a condition of stupor which lasted several hours. He subsequently became a good soldier. In the same fight a young man became so exhilarated as to offer to stand guard all night, on account of his sleeplessness, the rest of the regiment being completely exhausted. He has since died of apoplexy.

In the mass, the excitement does not exceed the limits of self-control, but serves to keep each man up to his duty, and makes all more or less careless of danger, and indifferent to ordinary wounds. This is especially the case if the fight goes well. For instance, a soldier lies in an ambulance, with a bullet among the bones of the tarsus, shouting, "Dig away, Doctor, and damn the pain! we've licked 'em!" Or a delicate drummer boy, with a large flap of integument torn from his knee, requiring tedious dressing and many stitches, asks meanwhile for a pencil, to make notes in his diary of the occurrence! On the other hand, a fellow, with all the signs of cowardice, comes up with the right fore-finger shot off, and an empty gun barrel. A self-inflicted wound is diagnosed, and amputation at the joint proceeds, amid contortions and frantic exclamations of pain, while all around lie the severely wounded, with scarce a groan among them.

Such strong contrasts illustrate forcibly the influence of mental conditions upon sensibility to pain. It is a common error to enlarge the sphere of consciousness beyond its true limits. Consciousness and cerebral activity are by no means co-extensive. Not only do organic processes and automatic actions go on unperceived, but unconscious trains of associated thought occupy the mind largely, awake as well as asleep. A certain degree of intensity in a nervous impulse seems necessary to a sense of consciousness, though of the laws which govern this matter we know little, and have slight control. Ideas and sensations rise into consciousness apparently at random, when not evoked by a direct effort of the will, or forced on the mind by their intensity. Pain is a sensation which in ordinary states has an element of intensity sufficient to excite the attention powerfully, but in abnormal conditions the brain seems under the absorbing control of centric agencies. Whatever these agencies are, whether changes in the circulation, or the cell nutrition, or the nervous currents, the results resemble, to some extent, artificial anaesthesia. Nature, however, more skillful than man, applies her anaesthetics so delicately as to produce more exact localizations of effect.

In the more permanent anaesthesia of insanity, we look for more visible and lasting changes of structure, such as atrophy of the nervous elements, abnormal growth of the connective tissue, or varicosity of the capillaries.

Treatment of Pneumonia.

In the *N. O. Journal of Medicine*, Prof. HAWTHORNE has the following remarks on this subject: No exclusive plan of treatment for pneumonia was pursued or recommended. Two cardinal points were kept constantly in mind, viz.: 1. The natural history of the disease: (a) stages in its progress; (b) duration of attack; (c) strong tendency of uncomplicated cases toward recovery. 2. Man-

ner of death: chiefly by *asthenia*. It was urged that each patient was to be treated, and not his disease. Symptoms were closely watched, and every source of disturbance or depression, as far as possible, guarded against, modified, or counteracted. When, during the early stages, the inflammation, however limited in extent, was intense (its intensity judged by the amount of general disturbance, as the frequency and force of the pulse, hurrying of respiration, pain, cough, insomnia, etc., measures of a sedative character, and consequently conservative of the patient's strength, were adopted. Pain was looked upon as an important element of depression, and was relieved by dry cups over its seat, the administration of anodynes, and the use of an oil silk jacket covering the entire chest. Much value was attached to this latter measure for its soothing and gently sedative influence. Preventing evaporation from the surface, as well as radiation, it supplies the essentials of a poultice—warmth and moisture. It is much preferable to a poultice, for the reason, especially, that it does not require, as does a poultice, frequent removal, thus occasioning exposure of the surface to sudden alterations of temperature. In the chest complaints of young children, it answers an admirable purpose. It is to be worn next the skin, and is very easy of application. Sleep was looked upon as essential, and if this did not come spontaneously for several hours in every twenty-four, it was secured by opiates. I am satisfied that the indispensability of sleep, and the exhausting effects, in all diseases, of a lack of it, are overlooked by many physicians. It is only during sleep—rest—that repair of the nervous system gets in advance of, or equals, waste, and when to the natural exhaustion of merely being awake—i. e., alive to impression—is added the wear and tear from acute disease, failure of the vital powers, which have so direct a dependence on the nervous system, necessarily progresses with great rapidity. We all know the unpleasant effects of the loss of a night's rest even in health, and though in many acute diseases the patient, while under some unnatural influence seems to get on well enough for awhile without sleep, yet when that stimulant is withdrawn, as in the sudden subsidence of a fever, prostration is often extreme, and not infrequently fatal. A bad result might often be guarded against by securing, at the proper time, through artificial means, rest and recuperation of the nerves. Nothing can altogether supply the place of rest to the system at large, and insomnia is a serious complication of any disease.

For the control of excessive vascular excitement, sedatives, both arterial and nervous, were administered. By opium the irritability of the nervous system, on which so greatly depended the cardiac disturbance, was diminished, and by an arterial sedative (as tartar emetic, the one generally preferred,) the heart's action was more directly controlled.

This was regarded as very important, and tending in a positive degree to protect the patient's strength. Only such depressing agents should be used, however, as are easy of control, and the influence of which can be readily limited, for it is never to be forgotten that the *tendency to death in pneumonia is chiefly by exhaustion*. The administration, then, of sedatives in the earlier stages is not incompatible with a belief in the value of, and frequently the necessity for, a resort to stimulants and actively supportive measures later in the same case. The indication for the use of stimulants was carefully sought for in the condition of the patient. Nutritious diet, unstimulating at the beginning, as arrow root, milk and lime-water, and, later in the disease, beef tea, etc., as the state of the patient seemed to demand, was thought necessary throughout. But resort to alcohol was had always with care. It is impossible to specify the precise conditions which call for its use, but, besides general evidences of failure, among the most unmistakable is a lack of proper *force* in the pulse, with or without increased frequency. From the strong tendency in the practice of the present day towards a "renewal of life" in every disease, there is no doubt that alcohol is rather indiscriminately, and often injudiciously given. So strongly has this "renewal" idea taken possession of the medical mind, and so thoroughly does it impregnate our teachings, that we are in much danger of mistaking the better means of carrying it out. Students now-a-days very soon acquire the habit, when asked what they would do in any emergency mentioned, of answering, "give good diet and stimulants," or "stimulate the patient," supposing, when in doubt, that the chances are vastly in favor of such suggestion being approved. The administration of alcohol requires as much discrimination as that of any other medicine. Being an active, potent substance, its capability of evil is great. A familiarity with its habitual inhibition is apt to diminish our respect for its power, and, because its effects are not always palpably and immediately bad, we come to regard it as an agent not likely to do any harm, if it does no good. I have always urged its cautious use with the sick. Many cases occur to the careful practitioner, in which the call for it is extremely questionable, and at such times it must be given as we give other strong medicines, experimentally, closely watching its effects. It cannot, with propriety, not even with safety, be substituted for the positive and natural nutritive substances. Its own influence on nutrition is, very probably, almost exclusively negative, and consists in taking, in part, the place of the tissues in the process of oxidation. It should, then, be given in diseases only as supplementary and auxiliary to food, *its value, in any particular case, being in proportion to the degree of depression of the nutritive powers*. I am in the habit of withholding it altogether throughout many

cases of acute disease, and, when prescribing it at all, doing so with the same circumspection that I would give calomel, aconite, or verum viride.

The above is a sketch of the general plan which both reason and experience seem to justify as best in the treatment of pneumonia; of course it is very general, but it could not be made more definite without the danger of originating misapprehensions. Every one, in order to be trusted to practice medicine at all, should have sufficient knowledge of the nature of disease, and the action of remedies, to be able to make modifications of treatment in any particular case. That system of medical writing and teaching which consists in giving in order the causes, symptoms, diagnosis, pathology, and treatment of the different diseases, all dove-tailing together with as certain a result as follows the multiplication of two by two, without making clear either the connection between symptoms and pathology or the distinct purpose for which each prescription is given, fails in the chief purpose of instruction, viz., to assist one to become an intelligent and independent practitioner.

A matter of as great or more importance than the giving of medicines to a pneumonia patient, is a proper attention to the discharge of the different functions, and the removal or prevention of all sources of disturbance or discomfort. The bowels should be emptied by enema when they do not move once a day of themselves. Fluid should be allowed, (cold water, if desired), and gentle diuretics given, if necessary, to keep up the activity of the kidneys. Noise should, if possible, be suppressed; conversation with the patient abstained from, and light excluded, in a great measure, from the room. While in the Confederate States Army I adopted, with great benefit, the isolation of patients suffering from pneumonia, and was accustomed to place them in a dark, but well-ventilated apartment, kept at a moderate temperature, and to require the nurse to remove his shoes, (when he had any,) go as to avoid noise.

I have said nothing of a plan of treatment of pneumonia still in vogue in most parts of this country, that by calomel and opium, and the application of blisters. I mention it now only to say that, in my opinion, nothing but harm can come of it. I have been often told that patients in the country districts require it, however little we may find it necessary in our "hospital subjects." In this there is, to me, a great fallacy, and has just as much truth in it as that the "type" of diseases has changed of late.

It is a notorious fact that, during the late war, regiments in our army which came from the country, and which were supposed, at the beginning, to be so capable of endurance, were decimated by disease; while those from the cities, made up of Irishmen and other foreigners, picked up about the levees, and taken from steamboats, back streets,

etc., the very class from which our hospital patients come, suffered infinitely less. The truth is, that, in the South, the population is far from vigorous, and this, in my estimation, is due, in a great degree, to the lack of variety in diet. Salt meat and corn bread constitute the staple articles of food, many going for months without fresh meat or vegetables. Every one who has had anything to do with sick negroes on plantations, will remember how readily the most muscular and fattest of them succumb to acute diseases. The explanation seems obvious—the lack of a proper variety in diet. Although vigorous in appearance, their vitality is really feeble.

I must conclude, then, that calomel and opium are at least as little required in country as in hospital practice, and never forgetting that the tendency to death in pneumonia is chiefly by asthenia, calomel should be rejected. Whatever good might follow the prescription should be attributed solely to the conservative influence of the opium.

Blisters in pneumonia I regard as essentially bad. They are incapable of arresting the inflammation, and, after their first action, they cease to be counter-irritants especially, become irritant to the system at large, and, consequently, sources of depression. Another and a stronger objection to them is, that we cannot avail ourselves of their active counter-irritant influence by frequent repetition. For my part, I have rarely or never applied a blister without afterwards regretting it. I prefer turpentine stupes or mustard-plasters, when such agents are demanded. We may avail ourselves of the good effects of these as often as is requisite, while we avoid the bad.

It is extremely common in the South and Southwest to give large doses of quinine in pneumonia, as well as in most other diseases, under the vague fancy that everything is imbued with malarial poison. This practice I frequently took occasion also to condemn. In the first place, all medicines are evils of themselves, though sometimes indispensable ones; and, in the next, quinine, in such doses as it is usually given among us, is a powerful general sedative. By it the stomach is disturbed; the appetite destroyed, digestion upset, the nervous system is somewhat durably depressed, and the system at large much debilitated. The habit of giving quinine is a very bad one. Without it there are many physicians who seem unable to make a prescription for any disease whatever. When they don't know what else to give—and in nine cases out of ten when it is not necessary to give anything—they "give a little quinine." No medicine should be ordered at any time unless good ground exists for believing it indicated, and the loose way of dealing out drugs which is indulged in by many practitioners, is extremely reprehensible. When quinine is required, give it, and at no other time.

Memorial to Faraday.

A public meeting was held recently in the theatre of the Royal Institution—His Royal Highness the Prince of Wales in the Chair—to consider what means should be taken to raise a monument to Faraday. There was a large and very distinguished attendance, including, amongst others, M. Dumas, (who last week received the Faraday Medal of the Chemical Society,) Sir John Lubbock, Mr. Graham, General Sabine, Sir Henry Holland, Dr. Lyon Playfair, M. P., Sir Benjamin Brodie, Dr. Bence Jones, Professor Owen, Professor Miller, Mr. Cæsar Hawkins, and Professor Frankland. His Royal Highness expressed the pleasure he felt in presiding over such a meeting. He referred to the unsuccessful attempt made to get Government to erect a national monument to Faraday, and the circumstances which led to the present meeting. Three resolutions were proposed and unanimously carried: That a public memorial be provided; that a committee be elected to take measures for the provision of the said public memorial (the names of the members of committee, most of them presidents of learned societies, were mentioned in the resolution); and that a subscription, not exceeding five guineas in amount from any one person, be made. We trust that the rumour is incorrect, that poor Faraday's memorial is to take the shape of a statue, and be stuck in some dingy corner in St. Paul's Cathedral. We should have thought that such a barbarous mode of treating a man like Faraday would have found little favour among scientific men.—*Brit. Med. Jour.*

An Act of Self-Sacrifice.

The *Imparziale* of the 16th ult. writes as follows: On May 31, died at Turin the Surgeon Panizza, victim of a generous act which would have deserved a better fate. Being present at the fall of a house of five stories, and perceiving that a female infant had not been removed, he rushed to save her, taking no care for himself. In a few moments, however, there was a violent crash, and the generous Panizza remained a victim under the ruins, from which he in vain endeavoured to rescue the child. Twenty-six hours elapsed before his body could be removed. It was found embracing that of the child for whom he had sacrificed his life. His fellow-citizens and professional colleagues in Turin have undertaken to provide for his family, and to transmit his name to posterity in a manner worthy of so great an act of self-sacrifice.

—DR. EBENEZER WOODWARD, of Quincy, Mass., has bequeathed almost the whole of his large estate to found a Female Institute in Quincy for the education of girls born in that town.

—The Trustees of Girard College having decided to supply that Institution with earth closets, the City Council of Philadelphia have appropriated for the purpose \$2,500 from the income of the Girard estate.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. NAPREYS, M. D.

No. 20.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Chorea.

J. M. DA COSTA, M. D.

176. R. Zinci valerianatis, gr. ij.
Cinchonise sulphatis, gr. j.

For one pill, ter die.

Frequently a partial loss of power in children coincides with the setting in of chorea—a sign of debility of the nervous centres, particularly of the spinal cord, and to be treated by antispasmodics conjoined with tonics, as in the above recipe.

177. R. Cupri ammoniati, gr. ½.
In pill, ter die, to be gradually increased to gr. j.

178. R. Ext. cimicifugæ fluidi, gtt. xx.
For one dose, three times a day.

THOMAS KING CHAMBERS, M. D., ETC., LONDON.

179. R. Liq. potassæ arsenitis, ℥. v.
Ter die, to be increased to ℥. xvj. Also cod liver oil and iron, if indicated by the general condition.

Injudicious management of patients afflicted with chorea frequently protracts the case. One of the most common forms of injudicious management is the fixing of the patients' attention upon their infirmity, by telling them how bad they are, offering unnecessary help, etc. They should be encouraged to make every exertion to direct the movements of their limbs; as by slow walking to music, carrying trays and crockery, and other things that demand care. In order that their attention may be withdrawn from their deficiencies, looking glasses and the distressing sight of other choreics should be avoided. They should be got away from home as soon as possible. Sent under the care of a judicious person to the sea-side, or anywhere else for an excuse, children often recover rapidly, whereas had

* Entered according to Act of Congress, in the year 1869, by GEO. H. NAPREYS, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

they remained at home, they would have continually relapsed.

THOMAS HILLIER, M. D., LOND., F. R. C. P., ETC.

180. R. Liq. potassæ arsenitis, ℥. ij.
Potassæ bicarbonatis, gr. iij.
Potassii iodidi, gr. ij.
Aque camphoræ, f. ʒss. M.

For one dose, ter die, to children aged five, for aggravated chorea, attended with severe pains in the limbs, and rheumatic periosteal swellings. Arsenic in full doses is a valuable remedy in a fair proportion of cases, but in some instances it entirely fails. Iodide of potassium is useful when the patient is subject to chronic rheumatism.

Occasionally purgatives and tonics, especially iron, are attended with much success. Strychnia, so highly recommended by Trousseau, seems, to our author, to be highly injurious in the acuter stages of the disease; in the more chronic form, and where there is a tendency to paralysis, it is of service. Iron and strychnia may be combined thus:

181. R. Strychniæ, gr. 1-32.
Vini ferri, f. ʒij. M.

For one dose, ter die, to a child ten years of age.

Narcotics such as opium, belladonna, cannabis indica, or conium, are of little or no use. Anti-spasmodics, such as valerian, and assafoetida, are also useless.

Our author has seen good results from the employment of baths of sulphuret of potassium.

182. R. Potassii sulphureti, ʒiv.
Aque, (90° F.) C. xxx.

For a bath, the patient to remain in it for an hour daily.

Gymnastic exercises, shampooing, and passive movements are of service. As many muscles as possible should be exercised, without fatiguing any of them. Shower-baths are useful in the latter stages, when the patient is not too timid, or too much excited by them.

THOMAS HAWKES TANNER, M. D., F. L. S., ETC.

183. R. Zinci phosphatis, gr. xx-xl.
Acidi phosphorici diluti,
Tincture ferri chloridi, aa f. ʒjss.
Aque menthæ piperitæ, q. s. ad f. ʒvj.
Two table-spoonfuls ter die. M.

The only plan to be followed, in treating chorea, consists in regulating the bowels, subduing irritation, and strengthening the system. For the first purpose, calomel and jalap, or, when worms are suspected, oil of turpentine may be employed. A combination of tonics or anti-spasmodics, with purgatives, is often serviceable. The two great remedies are the cold shower, or douche bath, and iron. The former should be employed every morning, on the patient's rising. Cod-liver oil is generally useful, administered with tonics. Mental excitement should be guarded against, and nutritious food and exercise in the fresh air insisted upon.

Savage Thought in Modern Civilization.

The *Medical News* copies the following from the *Medical Times and Gazette*:

There have been few lectures of greater interest this season than that delivered at the Royal Institution on Friday evening, April 25, by E. B. Taylor, Esq. Two years ago he delivered a lecture on the Early Mental Condition of Man: and dealing with his subject from a different point of view, he now, taking for granted a rude early condition, shows how much of savage thought exists in our most highly civilized societies. One of the most interesting portions of the lecture dealt with the subject of spiritualism, an offspring of animism. This doctrine, which is now being revived among us, he shows to be universal among savage tribes. The savage, in common with the spiritualists, believes that physical efforts are brought about by spiritual beings. He believes that his conjuror has special means of corresponding with these spirits, which he himself does not possess, just as a medium is looked upon by his followers as their agent with the spirits. The rope trick is an old and well-known one among the North American Indians and natives of Siberia. Table-turning was known 150 years ago in Central Asia. The feat of rising in the air is familiar in Buddhism and in the lives of the saints. Even rapping as a means of communication with the spirit world was reduced to a system, the same as now prevails, in the middle ages. Spirit writing is practiced among the Chinese as in London and New York. In short, a medium is a relic of barbarism, the introduction into our nineteenth century culture of the philosophy of the savage.

Another topic of interest handled by Mr. Taylor was the subject of modern games of chance, as a survival of the notion that the die was under the guidance of a spiritual agency; lots, a direct means of ascertaining the Divine will. Fortune-telling by means of cards is not dead among us, and the most religious people will not unfrequently seek guidance by a chance opening of their Bible. Both belong to the same order of thought. The notion of charming away a disease is somewhat similar. The disease is looked upon as an entity—a spirit which may be enticed to leave its quarters, and so release the sufferer from his complaint. Toothache charm-ers are not uncommon in different districts, and worthy clergymen will sometimes believe in their own power to heal diseases by the laying on of hands. Many ceremonial acts, especially in religion, take their origin in this animism. Symbolical purifyings by fire and water are examples. These may be thought to be hygienic, but they are probably most common among nations which care least for personal cleanliness. The Christian rite of baptism partakes of this nature. The last subject discussed by Mr. Taylor, was the associations with the east and the west, the rising and the setting of the sun.

He shows that the position of our churches is associated, though remotely, with the worship of the sun, whilst the position in which many nations bury their dead is also influenced by the rising and setting of the luminary. As Mr. Taylor remarked, illustrations of the survival of savage thought in our modern culture might be indefinitely multiplied; but the above illustrations will suffice to show that this survival or revival is more frequent than we should have believed.

Prophylaxis of Scarlet Fever and Measles.

Dr. J. C. PETERS makes this suggestion in the *N. Y. Medical Gazette*:

It often becomes necessary or desirable to give some remedy which is supposed or believed to be preventive, or ameliorative of these diseases. Belladonna is unreliable in small doses and dangerous in large quantities. Besides, its effects are so similar to those of scarlet fever that the physician may be plunged in doubt as to which is the effect of the remedy, and which of the disease, when it has been given antecedently, both long and frequently. I have seen many children escape after great exposure to scarlet fever without the use of any prophylactic, or precautionary treatment; and I have seen it occur in a malignant and fatal form after Belladonna had been given regularly for two or three weeks before the occurrence of the attack. I now never use Belladonna to prevent scarlet fever, but rely entirely upon the sweet Spirits of Nitre. This is a mild and safe remedy which can complicate the disease in no possible way. It lessens the fever and restlessness, and prevents the occurrence of disease of the kidneys. As a diuretic it may eliminate the poison so rapidly and completely, that the system cannot become affected, nor the disease reach its full and fatal development. Comparative experiments prove that it is more reliable than Belladonna, and far more safe.

The Asylum for Idiots at Earlswood, England.

The *British Medical Journal* says:—The first stone of an additional block of buildings in connexion with the Asylum for Idiots at Earlswood was laid, in June, with the usual ceremonies, in the presence of a very large concourse of people, by His Royal Highness the Prince of Wales, who was accompanied by the Princess. Four hundred purses, each containing five guineas, were laid on the stone as offerings for the benefit of the institution; and the Prince of Wales presented a cheque for one hundred guineas. The new wing, which is intended for the accommodation of three hundred new inmates, will, it is estimated, cost £12,000. A daily contemporary gives the following numerical statement of the intellectual condition of the inmates of the asylum.

"MALES.—*Speaking*: 64 can speak fairly; 36 can speak indistinctly; 30 can make a few sounds only; 16 do not speak at all. *Reading*: 20 can read fairly; 20 can read by spelling the words; 16 know nearly all the letters; 39 know a few letters; 51 know none of the letters. *Writing*: 22 can write sentences in copybooks; 20 can write easy words; 21 can make a few letters; 52 can make strokes and the letter O; 31 scribble or make no attempt. *Arithmetic*: 7 can do small sums by themselves—1 in fractions, 6 in the simple rules; 20 can add from blackboard, and count above one hundred; 20 can count above fifty; 18 can count above twenty-five; 53 can count a little; 28 not at all.

"FEMALES.—*Speaking*: 48 speak fairly; 34 speak indistinctly; 28 only make sounds; 35 do not speak at all. *Writing*: 13 write in copy-books; 10 write copies on slates; 26 write letters on slates; 54 form strokes and O; 42 have no idea whatever. *Reading*: 15 read very fairly; 28 by spelling the words; 34 know some of the letters; 67 know none of the letters."

These results and other similar ones—which would not have been nearly approached, had the idiots been left to less care than that which has been bestowed on them—have been produced by the unwearied labours of the officers of the asylum, among whom the late superintendent, Dr. Langdon Down, holds a most honourable place.

Artificial Coloration of the Electric Spark.

Mr. E. Becquerel has shown that the electric spark may be diversely and beautifully colored by being made to pass through saline solutions. If an electrical spark from an inductive apparatus be made to pass into the extremity of a platinum wire suspended over the surface of the solution of a salt, this spark will acquire special coloration according to the chemical composition of the solution traversed. The saline solutions are best concentrated and the platinum wire positive. The experiment is readily performed in a glass tube.

Salts of strontia will color the spark red; chloride of sodium yellow; chloride of copper bluish green, etc.

The light from these sparks, analyzed by the spectroscopic, furnishes a method for the determination of the nature of the salts contained in the solution.

Wanted—Good Water, and Plenty of It.

As an evident proof of the greatly advanced desire to procure for domestic purposes good and pure water, and a plentiful supply thereof, it is interesting, says the *Chemical News*, to learn that within the last five years the under-mentioned wells have been bored, some of them at very great expense. At Antwerp, to a depth of 165 meters below

the surface; at Ostend, 300 meters; at Oeynhausen, Prussia, 696 meters; at Mondorff, Grand Duchy of Luxemburg, 730 meters; at Passy, France, 624 meters; at Rochefort, Charente Inferieure, France, 816 meters (this is the deepest bored well now existing in Europe). At Grisse, Soerabaya, Java, a well has been bored to the depth of 549 metres through hard rock. The deepest boring in Holland has been carried to a depth of 182 metres below sea level at Gorkum, at which depth in that locality, the tertiary formation has been reached, but water only of very indifferent quality; with this exception, all the above-named wells yield water in abundance, and of great purity. As our younger readers may wish to reduce the given depths to feet, for the purpose of comparing them with the depth of some of our own wells, we may remind them that the meter is equal to 3.281 feet.

Correspondence.

DOMESTIC.

Substitute for Dover's Powder.

EDS. MED. AND SURG. REPORTER:

For more than twenty-five years a bottle of Dover's Powder has stood unused on my shelves; not having diminished aught in the time. Its extremely nauseous and offensive taste, especially to the fastidious and to children, led me to seek a substitute. The sulphate of potash used in the combination, appears to have been taken to promote the milder division of the particles of the opium and ipecac. in the process of trituration. Its medicinal qualities are quite insignificant, insufficient to justify inflicting it unnecessarily on the sick. At any rate its offensiveness to my patients induced me to lay it aside and to devise the substitute, which I have ever since used, and which seems to answer equally well, every indication, and does not so offend. The camphor modifies pleasantly its taste and its effectiveness. It is as follows:

MODIFIED DIAPHORETIC.

R.	Opil, pulv.;	3j.
	Ipecac. pulv.,	3ss.
	Camphor. pulv.,	3ij.
	Saccharum,	3iv.

Mix thoroughly.

The foregoing has about a grain of opium in eight grains of the powder. I often use sul. morphia, in due proportion, instead. Omitting the opiate altogether, where contraindicated by intolerance or other cause, the residue combination, camphor and ipecac. is a convenient diaphoretic, in six or eight grain doses; pro re nata.

In regard to rejecting the ipecac altogether as suggested by your correspondent H. H. in your number for July, the idea is quite new to myself, and

after the long and extensive use, which has been made of it as a diaphoretic in combination with opium, by the whole profession, I should hesitate before coming to such a conclusion.

The formula substituted for Dover's Powder by your correspondent, G. H. H., and termed by him Dr. Brinsmade's Diaphoretic Powder, viz.:

R. Morph. sul.,	3i.
Camphora,	
Cret. prep.,	
Saccharum	aa. 3xx.

must be a good anodyne. The chalk strikes me as being unnecessary, being added, doubtless, to prevent concretion, and when mixed with water must furnish a turbid precipitate, repulsive to the patient, and requiring the nurse to poke it from the spoon with her finger. Would not some soluble powder be preferable, say, an increase of sugar? I have found, in my own experience, that if the ingredients, opium, camphor and sugar, are thoroughly dried when mixed, and kept well corked, they will not trouble much by concreting.

A. CHAPIN, M. D.

Winchester, Mass.

EDITORS MED. & SURG. REPORTER, Phila, Pa.

Gentlemen: I desire to add my mite as to the use of Bromide of Potassium in Puerperal Convulsions.

I was called, Monday, January 18th, 1869, in consultation with Drs. DICKSON and ALEXANDER, of Canonsburg, to Mrs. W., a large, robust, plethoric woman of 30 years, in the eighth month of her first pregnancy, who had been seized, early the same morning, immediately after waking, with convulsions.

Her physician, Dr. DICKSON, did not reach her until after the fourth spasm. He bled her profusely; gave large cathartics, with injections to unload the primæ viæ, applied ice to the head, and counter irritants, (sinapisms) to spine and extremities, elevation of head, &c., without any abatement of spasms; the intervals varying from 15 minutes—the shortest—to 45 minutes—the longest.

She was partially conscious during the intervals, but consciousness became less and less, until by noon she was entirely unconscious and continued so for 48 hours.

At the time of my arrival, 4 o'clock P. M., Drs. DICKSON and ALEXANDER were about to bleed again.

The veins in the arm were deep, and a sufficiently large one could not be had to bleed largely, and we therefore opened the temporal artery and bled until a very decided impression was made upon the pulse, still elevating the head and continuing ice to it.

We also endeavored to cut short, if possible, the convulsion by causing her to inhale chloroform as each one was about to commence, with some little

effect, as we were thus able, in one or two instances, to partially arrest the spasm. The frequency continued about the same, from 15 minutes to 45 minutes intervals.

The os uteri was slightly dilated but rigid, and we used gentle manipulation with fingers to encourage dilatation, relieving each other as the hand of each became tired.

At this time she was unable to swallow. By 7 o'clock P. M., although spasms continued the same, we found her able to swallow and commenced large doses of Bromide of Potassium; about fifty grains every two hours.

After the first dose, she had a spasm in 20 minutes. Intervals between this one and the next was one hour and fifteen minutes; next interval one hour and forty-five minutes; next interval until the last spasm, which was a light one, was two and a half hours. After the third dose there was a complete cessation of convulsions.

Continuing careful manipulation, the os slowly dilated, so that by 5 o'clock A. M. we ventured upon small doses of Ergot and full dilatation taking place, delivered her at 8 A. M., with forceps, of a still born child, which seemed to have been dead for three days.

I was informed afterwards by Dr. DICKSON, that she did not become completely conscious until Wednesday afternoon, and that her convalescence from that time was rapid and complete.

THOMAS McKENNAN,

Washington, Pa., July 14, 1869.

NEWS AND MISCELLANY.

—POPULAR IGNORANCE OF THE PROPER WELFARE AND TREATMENT OF THE INSANE.—

The *New York Medical Journal* quotes from the annual report of the N. Y. State Lunatic Asylum, the following remarks by the Superintendent, Dr. JOHN P. GRAY: However complete in its appointments or thorough in its organization an institution may be, or however conscientiously its affairs may be administered, so great is the prejudice existing, from false education and ignorance, respecting everything that pertains to the true welfare and treatment of the insane, that it is subject to constant criticism, suspicion, and distrust. It may not, therefore, be out of place to explain, by some illustrations, the causes and sources of such a prejudice, so easily explainable by any one whose official position has given him the opportunity of observing the motives and springs of human action under circumstances that disclose them in almost every variety of aspect.

The public generally, and even the intelligent and educated, constantly confound the modern hospital with the ancient mad-house. It is no unusual thing, even at this day, to be asked if the patient can be

seen who are in the "cells," and if we are not obliged to "chain the worst cases." We are not always confident that our assurance, that cells and chains have long since been abandoned as unnecessary and cruel means of restraint, receives full credence. The great majority who visit the asylum seem particularly to see those who are most insane. They are not satisfied to see or be informed of the general means of treatment, but want to be shown "the worst cases, the real raving crazy ones." They do not seem to reflect that the patients are sick people, or that if these unfortunates were their own fathers, mothers, wives, husbands, brothers or sisters, they would be very reluctant to make them objects of common curiosity. When people are stricken in their own households they for the first time realize the importance of shielding their afflicted ones from the idle gaze of the curious. Why should patients not be as sacredly guarded in a hospital as in their own houses? Who would think of intruding upon the privacy of families, when in affliction, uninvited to see if the physician was discharging his duties, or to listen to the cries or delirium of the sick? Many do not know, and others do not consider, that the public exhibition to visitors indiscriminately, constituted one of the most repulsive features of the old system of treatment, and one of the most productive causes of the very manifestations they are so anxious to witness.

Such a course would not only be a return to ancient usages, but one which would be in direct conflict with the healing aim which prescribes the utmost rest and quietude. Even visits of friends, though often pleasurable to the patient, are frequently so exciting as to undo in an hour all that has been accomplished for weeks or even months. Nevertheless our motives for advising against the visits of friends, to cases likely to be injured thereby, are constantly impugned, not only by those whose best interest we are striving to promote, but by the community at large. Undoubtedly one of the reasons why the public are slow to yield their belief in the use of chains, fetters, and cells, and in the existence of constant maniacal ravings, arises from the fact that, outside of the asylum the insane are often both chained, manacled, beaten, and otherwise abused, and sometimes suffered to go unfed and naked for days.

In illustration of this point, we quote from another portion of Dr. GRAY's Report, the following statement regarding the manner in which patients were brought to the hospital: Out of the 322, the whole number received during the year—Twenty-four patients were brought in irons. In addition one had his arm tied behind his back, his legs were bruised, and one tooth knocked out. Another, with hands manacled behind his back, had his arms tied with cords and his feet with ropes, and had been without food for two days. His hands and limbs were swollen, and

he was so weak that he was immediately placed in bed, which he kept for some days. One, whose wrists were badly cut by irons, had been chained to the floor at home. Another, who was ironed hand and foot, had his arms tied behind his back, and was without shirt, shoes, or stockings. Another, who was ironed, had his elbows pinioned and wrists severely bruised and swollen. Three more, handcuffed, were also pinioned; and another besides all this, had his feet tied in a sack. One patient had inflicted seventeen wounds upon his person with an axe. Five of these were upon his head, and one had penetrated the outer table of the skull, portions of which were afterwards removed. He declared the devil had possession of him, that he was held responsible for the public debt, that all the real estate in the country, his own included, was held by the government; again that the house and all the world were on fire, when his cries of alarm and supplications for help aroused his neighborhood. He made frequent attempts upon the lives of his wife and son, and most persistent efforts to starve himself. When brought to the asylum he was extremely feeble and emaciated, and could make but slight resistance to taking nourishment. Food was given cautiously but regularly. He soon rallied, and in nine months was discharged recovered. Another case of melancholia, of six months' duration, was received, in which the patient had, just before coming here, cut off her left hand under the delusion that by this means alone she could be saved. Her delusion also extending to plucking out her right eye, but, owing to watchfulness exercised, she was not able to carry out her design. In seven months she recovered, and then regretted she was not brought to the asylum before she had thus maimed herself for life.

All this treatment, as a general thing, is from ignorance and fear, and by no means the offspring of indifference and wanton abuse. This element of fear of the insane is so great, that often four or five persons will accompany a patient to the asylum, in addition to having him bound or fettered. The insane person is often quick to recognize the fact that he inspires this fear, which tends to make him more unmanageable. A large proportion of these very cases, when taken upon the ward and frankly told they are insane, and that their conduct is evidence of it, become quiet and manageable.

—OLIVE OIL.—The two edible oils of this class, known to trade are the superfine virgin oil, cold-pressed and perfectly free from mixture, and the ordinary oil, extracted by the application of heat. The great use of olive oil, particularly in Europe, and its high price, have encouraged all sorts of adulterations, among which we may mention the mixture with it, of nut-oil, honey, goose-grease, poppy-oil, oil of sesamum, beech-oil, and oil of arachnida.

Prizes of the Academy of Sciences.

The following prizes were announced at the annual public meeting of the Academy of Sciences in Paris, as having been awarded for the year 1868: *Montyon Prize for Statistics*: Dr. Berigny of Versailles; very honourable mention, Dr. Ebrard; honourable mention, M. Fayer, M. Charpillon, and M. Rambosson. *Prizes in Medicine and Surgery*: A prize of £100 to M. Villemin for his researches on the Inoculation of Tubercle; honourable mention, and £60, to M. Foltz, for his Clinical and Experimental Study of Capillary Embolism; the same to Dr. Austin Flint, for his Experimental Researches on a New Function of the Liver; and the same to M. Raciborski, for his Treatise on Menstruation. MM. Larcher, senior, Goubaux, Jaccoud, Grandry, Susini, and Hayem, also received honourable mention; and the works of MM. Stelling, Onimus, Legras, and Saint-Cyr, were referred to the Commission for 1869. Grants of £40 each were voted to M. Collin and M. Grehaut, to aid them in continuing their researches, the former on Trichinæ and Trichinosis, the latter on Respiration in Man; and £20 was voted to M. Labordette of Lisleux, in aid of his observations on the use of the Laryngeal Speculum in the Treatment of Asphyxia from Submersion. The *Breant Prize*, for the discovery of the cure or of the causes of Cholera, has been open fifteen years, and the principal sum has amounted to £4,000, and the interest to £200. No essay of sufficient merit for the prize has been sent in; but the Academy awarded, as encouragement, £100 to M. Lorain, for his Studies in Clinical Medicine and Pathological Physiology, and his Memoir of Cholera as observed at the St. Antoine Hospital; £60 to Dr. Brebant, for his Work on Epidemic Cholera considered as a Personal Morbid Affection; and £40 to M. Nicaise, for the observations made by him in the places to which he was sent on a Government mission in 1865-66. The *Barbier Prize*, for a valuable discovery in surgery, medicine, pharmacy, or botany, having a bearing on therapeutics, was divided between Dr. T. R. Fraser of Edinburgh, for his researches on the Calabar Bean; and M. Rabuteau, for his researches on the Physiological Action of certain Metallic Compounds. The *Godard Prize* was awarded to Professor Giambatista Ercolani of Bologna, for his researches on the Glandular Organs; and Dr. Dieu, of the Hotel des Invalides, received honourable mention for his Micrographical Studies. —*British Med. Journal*.

Conviction and Suicide of an Abortionist.

Dr. John Day, of Battle Creek, Michigan, was tried and convicted, June 1st, of committing abortion on the person of Mrs. Graves, a married woman. When he learned the verdict, he did not seem much dejected, but that night he took morphia sufficient to destroy him, and was found dead in the morning.

—BITES OF INSECTS.—It would be well, says the *Journal of Cutaneous Medicine*, if we could follow some of our tormentors of the insect world through their daily life and discover their loves and their hates. Linnæus informs us that the seeds of the *Absinthium maritimum* are deadly to the flea, and we have likewise heard that the odor of the elder is equally obnoxious to other insects. It said by the devotees of botany that on a hot summer's day the cattle may be seen to cluster round the elder for protection against the sting of flies; we have thought sometimes in our summer rambles that the verdict of the wise man was unproven. We entertain, however, a strong belief that the perfume of the chamomile is destructive of the *Acarus scabiei*, and we use it accordingly in our pomades for the treatment of scabies. Bazin was wont to recommend for the same purpose an unguentum anthemidis; and our Italian contemporary, the *Giornale Italiano delle Malattie della Pelle* reminds us that an infusion of chamomile-flowers has been recommended as a wash to the skin for the purpose of protection against gnats. Gnats are said to shun the traitorous perfume; and if such be the case, it would be easy to convert the essential oil of the anthemids into an agreeable lotion like that of lavender-water or eau de cologne. —*N. Y. Medical Journal*.

—POISONING BY ANILINE DYES.—A Mr. Bengly, of Chicago, was recently badly poisoned by wearing French stockings. The patient stated to the physician that was first called that the disease first appeared soon after wearing some new socks, which were colored red on the sides and bottom of the feet. The parts affected corresponded so precisely with the red parts of the socks, that the doctor concluded that there must have been something poisonous in the socks. Other physicians who saw the case thought it erysipelas. The disease continued to progress until not only the sides and bottoms of the feet were inflamed and blistered, but the face was badly swollen and blistered, as well as various parts of the body, and mortification commenced in the toes and sides of the right foot. The case was in the above condition on July 1, when Dr. FISHER was called to see the case, with Dr. LANDIS. His opinion was in accordance with Dr. LANDIS's, that it was a case of poisoning by something in the coloring materials of the socks. Drs. LANDIS and FISHER have been treating the case, and the patient has been gradually improving, and at this time they consider him not only convalescent, but entirely out of danger.

—Dr. JAMES MCNAUGHTON has been elected President, and Dr. JAMES H. ARMESBY, Professor of Surgery, by the faculty of the Medical College, in place of Dr. MARCH, deceased.

—**PRODUCTION OF OZONE FOR INDUSTRIAL PURPOSES.**—M. Beanes, as noted in the *Genie Industriel*, recently exhibited to his scientific friends an electrical apparatus for the production of ozone at a small cost, which has not received the attention it deserves. His apparatus consists in a condenser between the plates of which atmospheric air, the oxygen of which is to be ozonized, is made to pass. The electricity acts here by influence and directly. The gas, on leaving the machine acts energetically on india-rubber, turmeric, etc. It is suggested that this simple electrical ozonizer might probably be applied with profit to the bleaching of tissues, liquors, and other substances.

—**DEATH FROM LUCIFER MATCHES.**—The *Chemist and Druggist* give an account of the death of a small child from sucking lucifer matches. It appears deceased was left at home with a younger sister, and reaching some lucifer matches, which had been carelessly left on a shelf, placed them in her mouth. This, however, was not discovered until the child was seized with sickness and convulsions, the vomit smelling of phosphorus. The child only lived about an hour from the commencement of the convulsions.

—**WILLIAM W. SANGER, M. D.,** met with a severe accident on the 6th inst., which came near depriving him of life. Dr. S. went to Connecticut to spend the 4th, intending to return on Tuesday, but was prevailed upon to wait another day to witness the operations of some machinery for making excavations on a section of the New Boston and Erie Railroad. He and a friend (one of the railroad contractors) drove to the place with a pair of spirited horses. While the gentlemen seated in the carriage were looking at the huge work going on, the horses took fright and started off suddenly, overturned the vehicle, throwing the inmates violently to the ground. Dr. S. was taken up insensible, and supposed to be dead. After several hours he revived, but was found to have received severe contusions on the head and back, and fractures of three ribs on the left side. On Thursday he was removed to the clergymen's house, where he now lies in a critical condition.

—**A TEST FOR GLYCERIN.**—The increased use of glycerin in the arts of late has, of course, brought into the market an adulterated article. When sugar and dextrine were mixed in small proportions with glycerin it has hitherto been difficult to detect the adulteration, but is now easily done by the following method: To five drops of the glycerin to be tested add 100 to 120 drops of water, one drop of pure nitric acid, and three to four centigrammes of ammonium molybdate, and boil the mixture, and in less than two minutes it will assume a deep blue color if any sugar or dextrine is present.

—**THE HUDSON COUNTY (N. J.) Medical Society** asserts, that the deposits on the shores of New Jersey, of garbage and filth collected from New York are greatly detrimental to health.

OBITUARY.

M. H. COLLIS, Esq.

The *British Medical Journal* gives the following obituary notice of the late Dr. MAURICE HENRY COLLIS, of Dublin. Mr. COLLIS began his profession as an apprentice to his uncle, the late Dr. MAURICE COLLIS, at the Meath Hospital; and, after having obtained in 1847, his surgical qualifications, he studied in Paris for above a year. On his return to Dublin, he was appointed Demonstrator in the School of the Royal College of Surgeons, and this office he continued to hold until he was elected Surgeon to the Meath Hospital, in 1851, on the retirement of his uncle. He has been for the past two years Examiner in Surgery in his college, and filled a few years ago a similar post in the Queen's University. His industry was very great, as the records of the Surgical Society and of the annual meetings of our Association will testify. The work, to the preparation of which he had devoted many years, and which will remain as a standard treatise, namely, "The Diagnosis and Treatment of Cancer and Tumors analogous thereto," was published in 1864. His paper on diseases of the Upper Jaw, Cleft Palate, and Vesico-vaginal Fistula, had gained him a most extended reputation.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

AUGUR—TRUMAN. June 29th, at the residence of the bride's parents, No. 41 Clutter street, by the Rev. C. Moore, James T. Augur, M. D., and Miss Hester Truman, daughter of Harriet and John Truman, M. D., all of Cincinnati, Ohio.

CURTIS—WALKER. June 1st, at West Liberty, W. Va., by Rev. W. H. Lester, assisted by Rev. A. Hough, Josiah M. Curtis, M. D., of Marshall Co., W. Va., and Miss Emma S. Walker, of West Liberty.

GARDNER—SMITH. On the 14th instant, by Rev. J. Todd, in this city, at the residence of the bride's father, Charles H. Gardner, M. D., of Hollidaysburg, Pa., and Miss Emily H. Smith, of Philadelphia.

HUE—BAUM. At Paris, France, June 9th, Jude Hue, M. D., and Sarah Elizabeth Baum, daughter of the late John A. Baum of Troy, N. Y.

LOWMAN—STACKHOUSE. July 3d, at the La Pierre House, Philadelphia, by Rev. B. L. Agnew, Dr. W. B. Lowman, of Johnstown, Pa., and Miss Susan M. Stackhouse, of Delaware co., Pa.

McGOFFIN—WOODS. June 23d, at the residence of the bride's mother, by Rev. Wm. M. Robinson, Mr. James M. McGoffin, of Pittsburgh, Pa., and Miss Alice M. Woods, daughter of the late Dr. M. Woods, of Mercer, Pa.

PROCTER—McMILLAN. At the residence of the bride's father, on the 6th inst., by the Rev. J. A. Brooks, Dr. D. L. Procter, of Mammoth Cave, Ky., and Miss Ida McMILLAN, of Clark county, Ky.

THOMPSON—EGE. On the 13th inst., at the residence of the bride's father, in Mechanicsburg, Pa., by Rev. O. Ege, assisted by Rev. J. McGarragh, Samuel Y. Thompson, M. D., of Danville, Pa., and Anna E. Ege, of Mechanicsburg.

DIED.

KING. At Mott Haven, New York, July 13th, Laura B., wife of N. S. King, M. D.

LEEDOM. At Atlantic city, N. J., after a protracted illness, Mary R., daughter of Dr. John M. and Virginia R. Leedom, of this city, in the 9th year of her age.

PHILLIPS. In Trenton, N. J., July 3d, George M., son of Dr. William W. L. and Meta R. M. Phillips, aged one year.

RICHARDSON. On the 12th inst., Julianna Randolph, eldest child of Dr. Joseph G. and Mary R. Richardson, in the 4th year of her age.

SHOVE. At her home in Katonah, N. Y., July 9th, Miss Mary M., youngest daughter of Dr. Seth and Irene P. Shove, aged 19 years, 2 months, and 7 days.